PART B - FEE(S) TRANSMITTAL Mail Stop ISSUE FEE omplete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 NOV 1 4 2005 Alexandria, Virginia 22313-1450 (571) 273-2885 or <u>Fax</u> (NSTRUCTIONS: THE form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All implies correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated that the corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 08/08/2005 32132 7590 LAMORTE & ASSOCIATES P.C. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. P.O. BOX 434 YARDLEY, PA 19067 11/15/2005 MBELETE2 00000051 10700423 LAMORTE (Signature 01 FC:2501 700.00 DP 02 FC:1504 300.00 DP 05 (Date) 03 FC:8001 30.00 DP FIRST NAMED INVENTOR ATTORNEY DOCKET NO. FILING DATE CONFIRMATION NO. APPLICATION NO JEVANS-3 5677 10/700,423 11/05/2003 John R. Kunz FITLE OF INVENTION: COUNTERBALANCE SYSTEM FOR A TILT-IN WINDOW HAVING AN IMPROVED SHOE ASSEMBLY AND ANCHOR MOUNT **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE SMALL ENTITY APPLN. TYPE \$300 \$1000 11/08/2005 YES \$700 nonprovisional **CLASS-SUBCLASS EXAMINER** ART UNIT MAH, CHUCK Y 3677 016-216000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list ASSOCIATES LAMORTE (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ☐ Individual ☐ Corporation or other private group entity ☐ Government Ease check the appropriate assignee category or categories (will not be printed on the patent): a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. ublication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the njed States Patent and Trademark Office. Authorized Signature \_\_ Eacc Registration No. Typed or printed name

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## FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1030.00

Complete if Known				
Application Number	10/700,423			
Filing Date	11/05/2003			
First Named Inventor	Kunz			
Examiner Name	C. Mah			
Art Unit	3677			
Attorney Docket No.	JEVANS-3			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit card Money Other None		3. ADDITIONAL FEES					
Deposit Account:		Entity	Small	Entity			
Deposit 50.4054	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid	
Account Number 50-1954	1051	130	2051	65	Surcharge - late filing fee or oath		
Deposit Account Lamorte & Associates	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	i	
Name The Director is authorized to: (check all that apply)		130	1053		Non-English specification		
Charge fee(s) indicated below Credit any overpayments		2,520	1812	_,	For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)		920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
		110	2251	55	Extension for reply within first month	L	
FEE CALCULATION	1 <b>2</b> 52	430	2252	215	Extension for reply within second month	<del></del>	
1. BASIC FILING FEE Large Entity Small Entity	1253	980	2253	490	Extension for reply within third month		
Fee Fee Fee Fee Description Fee Paid	1254	1,530	2254	765	Extension for reply within fourth month		
Code (\$)	1255	2,080	2255	1,040	Extension for reply within fifth month		
1001 790 2001 395 Utility filing fee	1401	340	2401	170	Notice of Appeal		
1002 350 2002 175 Design filing fee	1402	340	2402		Filing a brief in support of an appeal		
1003 550 2003 275 Plant filing fee		300	2403		Request for oral hearing		
1004 790 2004 395 Reissue filing fee	1403	1,510	1451		Petition to institute a public use proceeding		
1005 160 2005 80 Provisional filing fee	1452	110	2452		Petition to revive - unavoidable		
SUBTOTAL (1) (\$)		1,370	2452		Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	i	1,370	2501	685	Utility issue fee (or reissue)	700	
Fee from Extra <u>Claims below</u> <u>Fee Paid</u>	1502	490	2502		Design issue fee		
Total Claims -20** = X =	1503	660	2503	330	Plant issue fee		
Independent - 3** = X = X	1460	130	1460	130	Petitions to the Commissioner		
Multiple Dependent =	1807	50	180		Processing fee under 37 CFR 1.17(q)		
Large Entity   Small Entity	1806	180	1800		Submission of Information Disclosure Stmt		
Fee Fee Fee Fee Description Code (\$)	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	790	280	9 395	Filing a submission after final rejection		
1201 88 2201 44 Independent claims in excess of 3			[		(37 CFR 1.129(a))		
1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	281	0 395	For each additional invention to be examined (37 CFR 1.129(b))	<del></del>	
1204 88 2204 44 ** Reissue independent claims over original patent	1801	790	2801	395	Request for Continued Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination     of a design application		
	Other	r fee (sı	ecify)	pub fe	e +10 copies	330	
SUBTOTAL (2) (\$)  **or number previously paid, if greater; For Reissues, see above					Fee Paid SUBTOTAL (3) (\$) 1030	)	
(Complete (if applicable))							
SUBMITTED BY							

SUBMITTED BY

Name (Print/Type) Eric LaMorte

Registration No. (Complete (if applicable))

Registration No. (Antiforney/Agent)

Signature

(Complete (if applicable))

Telephone 215 321-6772

Date 11/08/2005

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